

20

81

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>7-28-04</u>	Dept. <u>Livchak</u>
Employee Name: <u>Herman Jernigan</u>		SS# <u>221-30-3547</u>	
		<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>7-28-04</u> Calendar (circle one) <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Herman Jernigan</u>		Date <u>7-28-04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>7-25-94</u>	
Vacation Floating Holidays			
1) Total Days Eligible: _____		Total Days Eligible: _____	
2) Days Taken: _____		Days Taken: _____	
3) Days Requested: _____		Days Requested: _____	
4) Days Remaining: _____ (1 - 2 - 3 = 4)		Days Remaining: _____	
Human Resources Representative's Signature _____ Date _____			
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Harry Hiltz</u> Date <u>7-28-04</u>		Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapprove	
Signature _____ Date _____		Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

P&WP F

EXHIBIT

6869-1E9-009 DIVISION

A00285

MOUNTAIRE Request for Vacation or Floating Holiday							
SECTION 1		<i>To Be Completed by Employee</i>		Date of Request	<u>7-8-04</u>		
				Dept.	<u>Livchaul</u>		
				<input checked="" type="checkbox"/> Hourly	<input type="checkbox"/> Salaried		
Employee Name:		<u>Herman Jernigan</u>		SS# <u>221-30-3547</u>			
VACATION:		<input type="checkbox"/> Other <u>Money Only 3WKS.</u> Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____					
FLOATING HOLIDAY:		Date Requested _____ (circle one) Calendar Anniversary					
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <p><u>Herman J Jernigan</u> Employee Signature</p> <p style="text-align: right;"><u>7-8-04</u> Date</p>							
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.							
SECTION 2		<i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>7-25-94</u>			
		<u>Vacation</u>		<u>Floating Holidays</u>			
1)	Total Days Eligible:			Total Days Eligible:			
2)	Days Taken:			Days Taken:			
3)	Days Requested:			Days Requested:			
4)	Days Remaining:	(1 - 2 - 3 = 4)		Days Remaining:			
Human Resources Representative's Signature		Date					
SECTION 3							
<i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>							
SUPERVISOR: Approved <input checked="" type="checkbox"/>		Disapproved <input type="checkbox"/>					
<u>Larry Miller</u> Signature		<u>7-8-04</u> Date					
FOREMAN: Approved <input type="checkbox"/>		Disapproved <input type="checkbox"/>					
PLANT MANAGER: Approved <input type="checkbox"/>		Disapproved <input type="checkbox"/>					
Signature		Date		Signature		Date	
NOTE:		PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE
Request for Vacation or Floating Holiday

SECTION 1		<i>To Be Completed by Employee</i>	Date of Request	6/11/04	Dept. 5622-3
Employee Name:		Peter Major			
VACATION:		<input checked="" type="checkbox"/> Other Money only <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
		Time Requested FROM _____ TO _____ 2 weeks			
FLOATING HOLIDAY:		Date Requested Money only (circle one) Calendar Anniversary			
<p>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</p> <p>Peter Major</p>					
Employee Signature		Date 6/11/04			
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>					
SECTION 2		<i>To Be Completed by Human Resources</i>		DATE OF HIRE: 7/8/98	
<u>Vacation</u>			<u>Floating Holidays</u>		
1)	Total Days Eligible:		Total Days Eligible:		
2)	Days Taken:		Days Taken:		
3)	Days Requested:		Days Requested:		
4)	Days Remaining:		Days Remaining:		
(1 - 2 - 3 = 4)					
Human Resources Representative's Signature			Date		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input checked="" type="checkbox"/>		Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/>	
Signature Larry Hiltz		Date 6-21-04		Signature	
FOREMAN: Approved <input type="checkbox"/>		Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/>	
Signature		Date		Signature	
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>					

POSTED		MOUNTAIRE Request for Vacation or Floating Holiday		
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>5-3-04</u>		Dept. <u>Livehaul</u>
Employee Name: <u>Arthur Belfield</u>		SS# <u>222-50-2027</u>		<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> Other <u>Money Only</u>		Time Requested FROM _____ TO _____		
<input type="checkbox"/> Full Day Date Requested _____				
<input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____				
FLOATING HOLIDAY: Date Requested _____		(circle one) Calendar Anniversary		
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>				
Employee Signature <u>Arthur Belfield</u>		Date <u>5-3-04</u>		
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.				
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>5 / 15 / 03</u>		
Vacation		Floating Holidays		
1) Total Days Eligible: _____		Total Days Eligible: _____		
2) Days Taken: _____		Days Taken: _____		
3) Days Requested: _____		Days Requested: _____		
4) Days Remaining: _____ (1 - 2 - 3 = 4)		Days Remaining: _____		
Human Resources Representative's Signature		Date		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>				
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
Signature <u>Larry Hiff</u> Date <u>5-3-04</u>		Signature _____ Date _____		
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
Signature _____ Date _____		Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.				

MOUNTAIRE Request for Vacation or Floating Holiday					
SECTION 1		<i>To Be Completed by Employee</i>		Date of Request	<u>4-21-04</u>
				Dept.	<u>Live haul</u>
		Employee Name: <u>James H. Gibbs</u>		SS#	<u>221-30-3674</u>
				<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
VACATION:		<input type="checkbox"/> Other <u>3WKS. Money Only</u> Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY:		(circle one) Date Requested _____ Calendar _____ Anniversary _____			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>					
Employee Signature <u>James Gibbs</u>		<u>4-21-04</u> Date			
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>					
SECTION 2		<i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>05/09/94</u>	
		Vacation 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)		Floating Holidays Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____	
		Human Resources Representative's Signature		Date	
SECTION 3					
To Be Completed by Employee's Supervisor(s) and/or Manager(s)					
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Gibbs</u> <u>4-21-04</u> Signature Date			SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date		
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date			PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE
Request for Vacation or Floating Holiday

SECTION 1		<i>To Be Completed by Employee</i>	Date of Request	<u>4-21-04</u>	Dept. <u>Livehaul</u>										
Employee Name:		<u>Donald L. Gibbs</u>			SS# <u>222-40-0288</u>										
VACATION:		<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried													
<input type="checkbox"/> Other <u>3 WKS Money Only</u>		Time Requested FROM _____ TO _____													
<input type="checkbox"/> Full Day _____ Date Requested _____															
<input type="checkbox"/> Extended Period _____ Dates Requested FROM _____ TO _____															
FLOATING HOLIDAY:		(circle one)													
Date Requested _____		Calendar	Anniversary												
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>															
<u>Donald Gibbs</u>		<u>4-21-04</u>													
Employee Signature _____ Date _____															
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.															
SECTION 2		<i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>05/09/94</u>											
Vacation <table border="0"> <tr> <td>1) Total Days Eligible: _____</td> <td>Total Days Eligible: _____</td> </tr> <tr> <td>2) Days Taken: _____</td> <td>Days Taken: _____</td> </tr> <tr> <td>3) Days Requested: _____</td> <td>Days Requested: _____</td> </tr> <tr> <td>4) Days Remaining: _____</td> <td>Days Remaining: _____</td> </tr> <tr> <td colspan="2">(1 - 2 - 3 = 4)</td> </tr> </table>						1) Total Days Eligible: _____	Total Days Eligible: _____	2) Days Taken: _____	Days Taken: _____	3) Days Requested: _____	Days Requested: _____	4) Days Remaining: _____	Days Remaining: _____	(1 - 2 - 3 = 4)	
1) Total Days Eligible: _____	Total Days Eligible: _____														
2) Days Taken: _____	Days Taken: _____														
3) Days Requested: _____	Days Requested: _____														
4) Days Remaining: _____	Days Remaining: _____														
(1 - 2 - 3 = 4)															
Floating Holidays <table border="0"> <tr> <td>Total Days Eligible: _____</td> </tr> <tr> <td>Days Taken: _____</td> </tr> <tr> <td>Days Requested: _____</td> </tr> <tr> <td>Days Remaining: _____</td> </tr> </table>						Total Days Eligible: _____	Days Taken: _____	Days Requested: _____	Days Remaining: _____						
Total Days Eligible: _____															
Days Taken: _____															
Days Requested: _____															
Days Remaining: _____															
Human Resources Representative's Signature.			Date												
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>															
SUPERVISOR: Approved <input checked="" type="checkbox"/>		Disapproved <input type="checkbox"/>	SUPERINTENDENT: Approved <input type="checkbox"/>		Disapproved <input type="checkbox"/>										
<u>Harry Gibbs</u>		<u>4-21-04</u>	Signature		Date										
FOREMAN: Approved <input type="checkbox"/>		Disapproved <input type="checkbox"/>	PLANT MANAGER: Approved <input type="checkbox"/>		Disapproved <input type="checkbox"/>										
Signature		Date	Signature		Date										
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.															

Time Off Request Form

Name Leonard E Ayres S.S.# 222-50-6258

Date of Hire 8-17-98 Department Cide Haul

UNION

NON-UNION HOURLY

SALARIED

5680

(CHECK ONE):

Vacation

Personal/Floating

Holiday - Calendar

Personal/Floating
Holiday - Anniversary

Day/Date(s) Requested 6-26-01

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Leonard E. Ayres
Employee's Signature

6-28-01

Date

01 JUN 29 2001

SUPERVISOR'S SIGNATURE

Larry M. B

FOREMAN'S SIGNATURE

APPROVED DISAPPROVED

DATE

6-28-01

APPROVED DISAPPROVED

DATE

SUPERINTENDENT'S SIGNATURE

DATE

APPROVED DISAPPROVED

PAYROLL

JUN 29 2001 APPROVED DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

WEEK ENDING

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

MOUNTAIN
Time Off Request Form

Name Leonard E Ayres S.S.# 222-50-6258

Date of Hire 8-17-98 Department Live Haul

UNION

NON-UNION HOURLY

SALARIED

5620

(CHECK ONE):

Vacation

Personal/Floating

Holiday - Calendar

Personal/Floating

Holiday - Anniversary

Day/Date(s) Requested 8-30-01

1 W.K.?

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Leonard E Ayres
Employee's Signature

8-23-01
Date

31 AUG 24 5

SUPERVISOR'S SIGNATURE

DATE

APPROVED DISAPPROVED

Larry Huff
FOREMAN'S SIGNATURE

8-23-01 APPROVED DISAPPROVED
DATE

SUPERINTENDENT'S SIGNATURE

DATE

APPROVED DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

APPROVED DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

Time Off Request Form

Name Leonard E Ayres S.S.# 222-50-6258

Date of Hire 8-17-98 Department Cide Haul

UNION

NON-UNION HOURLY

SALARIED

(CHECK ONE):

Vacation _____

Personal/Floating
Holiday - Calendar

Personal/Floating
Holiday - Anniversary

Day/Date(s) Requested Money Only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Leonard E Ayres
Employee's Signature

10-16-01

Date

APPROVED DISAPPROVED OCT 22

SUPERVISOR'S SIGNATURE

DATE

Larry E. Dill
FOREMAN'S SIGNATURE

10-19-01

APPROVED DISAPPROVED

DATE

APPROVED DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

APPROVED DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

OCT 20 2001

WEEK ENDING

FOR OFFICE USE ONLY:	# OF DAYS DUE

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1To Be Completed by Employee Date of Hire 8-17-98Dept. Livestock

- Union STOPO
 Non-Union Hourly
 Salaried

Employee Name: Elizabeth Avis SS# 222-50-6258**VACATION:** $\frac{1}{2}$ Day

Date Requested _____

 Full Day(s)Date(s) Requested 8-26-02 — 9-9-02**FLOATING HOLIDAY:**Date Requested 8-8-02

(circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Liz AvisDate 8-6-02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

02 AUG 7 3:

Vacation**Floating Holidays**

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved

Signature _____

Date _____

Signature _____

Date _____

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved Signature Larry H-HDate 8-5-02

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday							
SECTION 1		<i>To Be Completed by Employee</i>		Date of Hire	8-17-93		
				Dept.	Live Haul		
Employee Name:		Leonard E Ayres		SS#	222-50-6258		
					2wk		
VACATION:							
<input type="checkbox"/> 1/4 Day		Date Requested					
<input type="checkbox"/> Full Day(s)		Date(s) Requested		8-26-02 - 9-9-02			
FLOATING HOLIDAY:				(circle one)			
Date Requested		8-8-02		Calendar	Anniversary		
<p>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</p> <p><i>Leonard E Ayres</i> 8-6-02 Employee Signature Date</p>							
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>							
SECTION 2		<i>To Be Completed by Human Resources</i>		02 AUG 7			
Vacation			Floating Holidays				
1)	Total Days Due:		Total Days Due:				
2)	Days Requested:		Days Requested:				
3)	Days Remaining:		Days Remaining:		DAW		
(1 - 2 = 3)			13 17 02				
Human Resources Representative's Signature			Date 02 AUG 7				
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>							
SUPERVISOR:		Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	SUPERINTENDENT:		Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Signature		Date		Signature		Date	
FOREMAN:		Approved <input checked="" type="checkbox"/>	Disapproved <input type="checkbox"/>	PLANT MANAGER:		Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
<i>Larry H. H.</i>		P-5-02		Signature		Date	
Signature		Date		Signature		Date	
NOTE:		PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday		
SECTION 1 <i>To Be Completed by Employee</i> Date of Hire <u>8-17-98</u> Dept. <u>Livestock</u>		
Employee Name: <u>Leonard Ayres</u> SS# <u>222-50-6258</u>		
<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried		
VACATION: <input type="checkbox"/> <u>1/2 Day</u> Date Requested _____ <input type="checkbox"/> <u>Full Day(s)</u> Date(s) Requested <u>Money Only 2 WKS.</u>		
FLOATING HOLIDAY: (circle one) Date Requested _____ Calendar Anniversary		
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>		
Employee Signature <u>Leonard E Ayres</u>		<u>8-13-03</u> Date
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.		
SECTION 2 <i>To Be Completed by Human Resources</i> <u>03 AUG 15</u>		
Vacation		Floating Holidays
1)	Total Days Due: _____	Total Days Due: _____
2)	Days Requested: _____	Days Requested: _____
3)	Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____ <u>1/2</u>
Human Resources Representative's Signature _____		Date <u>8-13-03</u>
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>		
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
Signature _____ Date _____		Signature _____ Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
Signature <u>Larry Hiff</u> Date <u>8-13-03</u>		Signature _____ Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.		

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1		<i>To Be Completed by Employee</i>	Date of Hire	8-17-98	Dept. Live Haul																																	
Employee Name: <u>Leonard E Ayres</u>		SS# <u>222-50-6258</u>	<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried																																			
VACATION:																																						
<input type="checkbox"/> <u>1/2 Day</u>		Date Requested _____																																				
<input type="checkbox"/> <u>Full Day(s)</u>		Date(s) Requested _____																																				
FLOATING HOLIDAY:		<u>September 25th + 26th</u>		(circle one)																																		
Date Requested <u>2 Personal Days</u>		<input type="checkbox"/> Calendar		<input type="checkbox"/> Anniversary																																		
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>																																						
<u>Leonard E Ayres</u> Employee Signature		<u>9-16-03</u> Date																																				
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.																																						
SECTION 2		<i>To Be Completed by Human Resources</i>																																				
<table border="0"> <tr> <td colspan="2"><u>Vacation</u></td> <td colspan="4"><u>Floating Holidays</u></td> </tr> <tr> <td>1)</td> <td>Total Days Due:</td> <td colspan="2"></td> <td>Total Days Due:</td> <td colspan="2"></td> </tr> <tr> <td>2)</td> <td>Days Requested:</td> <td colspan="2"></td> <td>Days Requested:</td> <td colspan="2"></td> </tr> <tr> <td>3)</td> <td>Days Remaining:</td> <td colspan="2"></td> <td>Days Remaining:</td> <td colspan="2"></td> </tr> <tr> <td colspan="6">(1 - 2 = 3)</td> </tr> </table>						<u>Vacation</u>		<u>Floating Holidays</u>				1)	Total Days Due:			Total Days Due:			2)	Days Requested:			Days Requested:			3)	Days Remaining:			Days Remaining:			(1 - 2 = 3)					
<u>Vacation</u>		<u>Floating Holidays</u>																																				
1)	Total Days Due:			Total Days Due:																																		
2)	Days Requested:			Days Requested:																																		
3)	Days Remaining:			Days Remaining:																																		
(1 - 2 = 3)																																						
Human Resources Representative's Signature _____ Date _____																																						
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>																																						
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>																																				
Signature _____ Date _____		Signature _____ Date _____																																				
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>																																				
<u>Larry Hiff</u> <u>9-16-03</u> Signature _____ Date _____		Signature _____ Date _____																																				
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.																																						

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday		
SECTION 1 <i>To Be Completed by Employee</i> Date of Hire <u>8-17-98</u> Dept. <u>Liv. Haul</u>		
Employee Name: <u>Leonard E Ayres</u> SS# <u>222-50-6258</u>		
<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried		
VACATION: <input type="checkbox"/> <u>1/2 Day</u> Date Requested _____ <input type="checkbox"/> <u>Full Day(s)</u> Date(s) Requested _____		
FLOATING HOLIDAY: <u>September 25th + 26th</u> (circle one) Date Requested <u>2 Personal Days</u> <input type="radio"/> Calendar <input type="radio"/> Anniversary		
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>		
<u>Leonard E Ayres</u> Employee Signature		<u>9-16-03</u> Date
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>		
SECTION 2 <i>To Be Completed by Human Resources</i> 63 SEP 18 81		
Vacation		Floating Holidays
1)	Total Days Due:	Total Days Due:
2)	Days Requested:	Days Requested:
3)	Days Remaining: (1 - 2 = 3)	Days Remaining: <u>07 27 2003</u> WEEK ENDING
Human Resources Representative's Signature		Date
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>		
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
Signature _____ Date _____		Signature _____ Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
<u>Larry Hiff</u> <u>9-16-03</u> Signature _____ Date _____		Signature _____ Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.		

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday					
SECTION 1		<i>To Be Completed by Employee</i>		Date of Hire <u>5-15-03</u>	Dept. <u>Livehaul</u>
Employee Name: <u>Arthur Belfield</u>				SS# <u>222-50-2027</u>	<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION:					
<input type="checkbox"/> $\frac{1}{2}$ Day		Date Requested _____			
<input type="checkbox"/> Full Day(s)		Date(s) Requested _____			
FLOATING HOLIDAY: (circle one)					
Date Requested <u>10-3-03</u>		<input type="radio"/> Calendar		<input type="radio"/> Anniversary	
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.					
Employee Signature <u>Arthur Belfield</u>				Date <u>10-1-03</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2 <i>To Be Completed by Human Resources</i>					
Vacation			Floating Holidays		
1) Total Days Due: _____				Total Days Due: _____	
2) Days Requested: _____				Days Requested: _____	
3) Days Remaining: _____ (1 - 2 = 3)				Days Remaining: _____	
Human Resources Representative's Signature _____			Date _____		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature _____ Date _____		Signature _____ Date _____			
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature <u>Larry Miff</u> Date <u>10-1-03</u>		Signature _____ Date _____			
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE
Request for Vacation or Floating Holiday

SECTION 1		<i>To Be Completed by Employee</i>	Date of Request	<u>3-4-04</u>	Dept. <u>Livchau</u>)
Employee Name: <u>Arthur Belfield</u>		SS# <u>222-50-2021</u>			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____					
FLOATING HOLIDAY: Date Requested <u>3-1-04</u> (circle one) Calendar Anniversary					
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>					
<u>Arthur Belfield</u> Employee Signature			<u>3-4-04</u> Date		
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2		<i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>5/15/04</u>	
Vacation MAR 06 2004 WEEK ENDING Floating Holidays					
1)	Total Days Eligible:			Total Days Eligible:	
2)	Days Taken:			Days Taken:	
3)	Days Requested:			Days Requested:	
4)	Days Remaining:			Days Remaining:	
(1 - 2 - 3 = 4)					
Human Resources Representative's Signature _____ Date _____					
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Kiff</u> <u>3-4-04</u> Signature _____ Date _____			SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____			PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

A00300

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request	5-3-04
		Dept.	<u>Live haul</u>
Employee Name: <u>Arthur Belfield</u>		SS# <u>222-50-2027</u>	
VACATION:		Time Requested FROM _____ TO _____ <input checked="" type="checkbox"/> Other <u>Money Only</u> <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____	
FLOATING HOLIDAY:		(circle one) <input type="checkbox"/> Calendar <input type="checkbox"/> Anniversary Date Requested _____	
84 HRY 5			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Arthur Belfield</u>		Date <u>5-3-04</u>	
<small>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</small>			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>5/15/03</u>	
Vacation		Floating Holidays	
1) Total Days Eligible:	PAYROLL	Total Days Eligible:	
2) Days Taken:	<u>MAY 15 2004</u>	Days Taken:	
3) Days Requested:	WEEK ENDING	Days Requested:	
4) Days Remaining:	(1 - 2 - 3 = 4)	Days Remaining:	
Human Resources Representative's Signature		Date	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Hiff</u> Date <u>5-3-04</u>		Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature Date		Signature Date	
<small>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</small>			

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee Date of Hire 5-9-94 Dept. Live Haul

Employee Name: Donald GiffSS# 222-40-0288

Union S62e
 Non-Union Hourly
 Salaried

VACATION: $\frac{1}{4}$ Day

Date Requested _____

 Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:Date Requested 3-11-02

(circle one)

 Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Giff
 Employee Signature

3-11-02
 Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation**Floating Holidays**

1)

Total Days Due:

Total Days Due:

2)

Days Requested:

Days Requested:

3)

Days Remaining:

Days Remaining:

(1 - 2 = 3)

1388.20

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved

Signature

Date

Signature

Date

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee* Date of Hire 5-9-94Dept. LivehaulEmployee Name: Donald GibbsSS# 222-40-0288
 Union 850
 Non-Union Hourly
 Salaried
VACATION: $\frac{1}{4}$ Day

Date Requested _____

 Full Day(s)Date(s) Requested Money only2 weeks**FLOATING HOLIDAY:**

(circle one)

Date Requested _____

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Gibbs4-22-02

Employee Signature

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources***Vacation****Floating Holidays**

1)

Total Days Due: _____

Total Days Due: _____

2)

Days Requested: _____

Days Requested: _____

3)

Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved

Signature

Date

Signature

Date

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved Larry E. Gibbs4-22-02

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE
Time Off Request Form

Name Donald G. Gibbs S.S.# 222-40-0288

Date of Hire 5-9-94 Department Live In/UL

UNION

NON-UNION HOURLY

SALARIED

SAL

(CHECK ONE):

Vacation

Personal/Floating
Holiday - Calendar

Pd W/E
2-10-01

Personal/Floating
Holiday - Anniversary

Day/Date(s) Requested

Money Only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Donald Gibbs

Employee's Signature

6-22-01

Date

APPROVED DISAPPROVED

SUPERVISOR'S SIGNATURE

DATE

Larry Hilt

FOREMAN'S SIGNATURE

6-22-01

APPROVED DISAPPROVED

DATE

SUPERINTENDENT'S SIGNATURE

DATE

APPROVED DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

APPROVED DISAPPROVED

PAYROLL

DD: 23 2001

EMBODIMENT

FOR OFFICE USE ONLY:	# OF DAYS DUE	
	# OF DAYS REQUESTED	<u>WEE</u>
	# OF DAYS LEFT	

MOUNTAIRE
Time Off Request Form

Name Donald Gibbs S.S.# 222-40-0288
Date of Hire 5-9-94 Department Live haul

 UNION NON-UNION HOURLY SALARIED5620

(CHECK ONE):
Vacation

Personal/Floating
Holiday - Calendar

✓

Personal/Floating
Holiday - Anniversary

Day/Date(s) Requested Thurs. 2-8-01

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Donald J. Gibbs

Employee's Signature

2-8-01

Date

8: FEB 6 2001

 APPROVED DISAPPROVED

SUPERVISOR'S SIGNATURE

DATE

Larry Gibbs
FOREMAN'S SIGNATURE2-7-01 APPROVED DISAPPROVED

DATE

SUPERINTENDENT'S SIGNATURE

DATE

 APPROVED DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

 APPROVED DISAPPROVEDPA
FEB 11 2001WEEF

FOR OFFICE USE ONLY:	# OF DAYS DUE	<u>WEEF</u>
	# OF DAYS REQUESTED	
	# OF DAYS LEFT	

MOUNTAIRE
Time Off Request Form

Name Donald Gibbs S.S.# 222-40-0282
 Date of Hire 5-9-94 Department Live haul
 UNION NON-UNION HOURLY SALARIED JGJD

(CHECK ONE): Vacation <input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar <input type="checkbox"/>
Personal/Floating Holiday - Anniversary <input type="checkbox"/>	

Day/Date(s) Requested Cash only 2 weeks

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Donald Lee Gibbs 4-25-01 APR 26 3:
 Employee's Signature Date

Larry E. Hiff APPROVED DISAPPROVED
 FOREMAN'S SIGNATURE DATE

4-25-01 APPROVED DISAPPROVED
 DATE

Larry E. Hiff APPROVED DISAPPROVED
 SUPERINTENDENT'S SIGNATURE DATE

PAYROLL
APR 28 2001
WEEK END DATE

Larry E. Hiff APPROVED DISAPPROVED
 PLANT MANAGER'S SIGNATURE DATE

FOR OFFICE USE ONLY: # OF DAYS DUE _____ # OF DAYS REQUESTED _____ # OF DAYS LEFT _____
--

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee* Date of Hire 5-9-03Dept. Live haul5-9-94
 Union Salaried
 Non-Union Hourly
 Salaried
Employee Name: Donald Gibbs SS# 222-40-0288**VACATION:** $\frac{1}{2}$ Day Date Requested _____ Full Day(s) Date(s) Requested _____**FLOATING HOLIDAY:**

Date Requested _____ (circle one)

 Calendar Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Gibbs6-30-03

Employee Signature

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

03 JUN 30

SECTION 2*To Be Completed by Human Resources***Vacation**

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____
(1 - 2 = 3)

Floating Holidays

- | | |
|-----------------|--------------------|
| Total Days Due: | <u>PAYABLE</u> |
| Days Requested: | <u>JUN 28 2003</u> |
| Days Remaining: | <u>WEEK ENDING</u> |

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved

Signature _____ Date _____

Signature _____ Date _____

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved

Signature _____ Date _____

Signature _____ Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee* Date of Hire 5-9-94Dept. Livchau
 Union *Sgt*
 Non-Union Hourly
 Salaried
Employee Name: Donald Gibbs SS# 222-40-0288**VACATION:** $\frac{1}{2}$ Day Date Requested _____ Full Day(s) Date(s) Requested _____**FLOATING HOLIDAY:**

(circle one)

Date Requested 6-23-03 Calendar Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Gibbs
Employee Signature6-23-03
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources***Vacation**

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____
(1 - 2 = 3)

Floating Holidays

- Total Days Due: _____
- Days Requested: 1/2 *JULY 11/11*
- Days Remaining: 1/2 *JULY 28 2003*

Human Resources Representative's Signature

Date *7/17/03***SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved

Signature _____ Date _____

Signature _____ Date _____

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved

<i>Darry Gibbs</i>	<u>6-23-03</u>
Signature	Date

Signature	Date
-----------	------

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE
Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee Date of Request 2-10-04 Dept. Live haul

Employee Name: Donald GibbsSS# 212-40-0288
 Hourly
 Salaried

VACATION:	<input type="checkbox"/> Other _____	Time Requested FROM _____ TO _____
	<input type="checkbox"/> Full Day	Date Requested _____
	<input type="checkbox"/> Extended Period	Date Requested FROM _____ TO _____

FLOATING HOLIDAY:
Date Requested 2-11-04 (circle one)
 Calendar Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Gibbs2-10-04

Employee Signature

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

DATE OF HIRE: 5-9-94VacationFloating Holidays

- | | | | |
|-------------------------|-------|----------------------|-------|
| 1) Total Days Eligible: | _____ | Total Days Eligible: | _____ |
| 2) Days Taken: | _____ | Days Taken: | _____ |
| 3) Days Requested: | _____ | Days Requested: | _____ |
| 4) Days Remaining: | _____ | Days Remaining: | _____ |

(1 - 2 - 3 = 4) FEB 14 2004WEEK ENDING

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved


Signature Date

Signature Date

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved

Harry Hiff 2-10-04
Signature Date

Signature Date

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1		To Be Completed by Employee	
		Date of Request <u>6-18-04</u>	
		Dept. <u>Live Haul</u>	
Employee Name: <u>Donald Giff</u>		SS# <u>222-40-0288</u>	
		<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
VACATION:		<input type="checkbox"/> Other _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____	
TIME REQUESTED FROM _____ TO _____			
FLOATING HOLIDAY:		Date Requested <u>6-18-04</u> <small>Paid <input checked="" type="checkbox"/> 2004 Calendar <input type="checkbox"/> Anniversary</small>	
		<small>(circle one)</small> <small>OK</small>	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Donald Giff</u>		Date <u>6-17-04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>5-9-94</u>	
Vacation		Floating Holidays	
1)	Total Days Eligible:	Total Days Eligible: _____	
2)	Days Taken:	Days Taken: _____	
3)	Days Requested:	Days Requested: _____	
4)	Days Remaining:	Days Remaining: _____	
PAYROLL <u>JUN 19 2004</u> WEEK ENDING <small>(1 - 2 - 3 = 4)</small>			
Human Resources Representative's Signature		Date	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Giff</u> Date <u>6-17-04</u>		Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____		Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee Date of Hire 5-9-94 Dept. Livestock

Employee Name: Donald G. Gibbs SS# 222-40-0288

Union \$6.20
 Non-Union Hourly
 Salaried

VACATION:

1/4 Day Date Requested _____
 Full Day(s) Date(s) Requested _____

already used 6/15 4-27-02

FLOATING HOLIDAY:

Date Requested 6-5-02

~~Calendar~~

(circle one)

~~Anniversary~~ '02

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Gibbs
 Employee Signature

6-7-02
 Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation**Floating Holidays**

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

6/15/02
JUN 08 2002

Human Resources Representative's Signature

Date 6-7-02

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved Disapproved

SUPERINTENDENT: Approved Disapproved

Signature _____ Date _____

Signature _____ Date _____

FOREMAN: Approved Disapproved

PLANT MANAGER: Approved Disapproved

Darryl Gibbs 6-7-02
 Signature _____ Date _____

Signature _____ Date _____

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

5-9-94Dept. Live haulEmployee Name: Donald GibbsSS# 222-48-0288
 Union BOD
 Non-Union Hourly
 Salaried
VACATION: $\frac{1}{2}$ Day

Date Requested _____

 Full Day(s)

Date(s) Requested

2 WKS Money Only*Hold until 5/1/03***FLOATING HOLIDAY:**

Date Requested _____

Calendar _____ Anniversary _____

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Gibbs4-25-03

Employee Signature

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

93 MAY 2

Vacation**Floating Holidays**

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature

Date

PAYROLL**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*

MAY 10 2003

SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved

Signature _____ Date _____

Signature _____ Date _____

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved Larry Gibbs 4-25-03

Signature _____ Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday							
SECTION 1		<i>To Be Completed by Employee</i>	Date of Hire	2/24/03	Dept. <i>51600</i>		
Employee Name: <i>Henry Harmon</i>		SS# <i>222-38-2917</i>		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried			
VACATION: <input type="checkbox"/> ½ Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____							
FLOATING HOLIDAY: (circle one) Date Requested <i>July 4th, 2003</i> <input type="radio"/> Calendar <input type="radio"/> Anniversary							
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>							
Employee Signature <i>Henry Harmon</i>			Date <i>6-18-03</i>				
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.							
SECTION 2		<i>To Be Completed by Human Resources</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Vacation 1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3) </td> <td style="width: 50%; padding: 5px;"> Floating Holidays Total Days Due: _____ Days Requested: _____ Days Remaining: _____ <i>PAYROLL JUL 05 2003 WEEK ENDING</i> </td> </tr> </table>				Vacation 1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3)	Floating Holidays Total Days Due: _____ Days Requested: _____ Days Remaining: _____ <i>PAYROLL JUL 05 2003 WEEK ENDING</i>
Vacation 1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3)	Floating Holidays Total Days Due: _____ Days Requested: _____ Days Remaining: _____ <i>PAYROLL JUL 05 2003 WEEK ENDING</i>						
Human Resources Representative's Signature _____ Date _____							
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>							
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____			SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____				
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Signature <i>Harry Jeffs</i> Date <i>6-23-03</i>			PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____				
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.							

MOUNTAIRE
Request for Vacation or Floating Holiday

SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>1/21/04</u> Dept. <u>5622</u>
Employee Name: <u>Henry Harmon</u>		
SS# <u>222-38-2917</u>		
VACATION: <input type="checkbox"/> Other _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____		
FLOATING HOLIDAY: Date Requested <u>1-19-04</u> (circle one) Calendar Anniversary		
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i> <u>Henry Harmon</u> Date <u>1/21/04</u> Employee Signature		
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.		
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>1/24/2003</u> Floating Holidays <u>84 JAN 25</u> Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____ <u>JAN 25, 2003</u> WEEK ENDING
Human Resources Representative's Signature _____ Date _____		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>		
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry J. Gibbs</u> Signature _____ Date _____ Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.		

MOUNTAIRE Request for Vacation or Floating Holiday					
SECTION 1		<i>To Be Completed by Employee</i>		Date of Request	2/17/04
				Dept.	5622
				SS#	222-38-2917
Employee Name:		Henry Harmon		Hourly	<input type="checkbox"/>
VACATION:		<input type="checkbox"/> Other money only <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Period		Date Requested	Time Requested FROM _____ TO _____ 1/17
FLOATING HOLIDAY:				Dates Requested	FROM _____ TO _____
				Calendar	(circle one) Anniversary
<p>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</p> <p><i>Henry Harmon</i></p> <p>Employee Signature</p>					
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>					
SECTION 2		<i>To Be Completed by Human Resources</i>		DATE OF HIRE:	2/24/03
Vacation					
1)	Total Days Eligible:			Total Days Eligible:	
2)	Days Taken:			Days Taken:	
3)	Days Requested:			Days Requested:	
4)	Days Remaining:	(1 - 2 - 3 = 4)		Days Remaining:	
MATERIAL ENDING FEB 21 2004					
<p>Human Resources Representative's Signature</p>					
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR:		Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	SUPERINTENDENT:	Approved <input type="checkbox"/>
Signature		Date		Signature Date	
FOREMAN:		Approved <input checked="" type="checkbox"/>	Disapproved <input type="checkbox"/>	PLANT MANAGER:	
<i>Henry E. Hilt</i>		2-17-04		Approved <input type="checkbox"/>	
Signature		Date		Signature Date	
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>					

MOUNTAIRE Request for Vacation or Floating Holiday						
SECTION 1		<i>To Be Completed by Employee</i>	Date of Request	4/7/04	Dept. 5622-3	
Employee Name:		SS#		222-38-2917	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
VACATION:		Time Requested		FROM	TO	
<input type="checkbox"/> Other _____						
<input type="checkbox"/> Full Day		Date Requested _____				
<input type="checkbox"/> Extended Period		Dates Requested		FROM	TO	
FLOATING HOLIDAY:		(circle one)		Calendar	Anniversary	
Date Requested April 7, 2004						
<p>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</p> <p><i>Henry Harmon</i></p>						
Employee Signature		Date				
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.						
SECTION 2		<i>To Be Completed by Human Resources</i>	DATE OF HIRE:	2/24/03		
Vacation		PAYROLL				
1)	Total Days Eligible:	APR 10 2004				
2)	Days Taken:	WEEK ENDING				
3)	Days Requested:					
4)	Days Remaining:					
(1 - 2 - 3 = 4)						
Human Resources Representative's Signature						
Date						
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>						
SUPERVISOR:		Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	SUPERINTENDENT:	Approved <input type="checkbox"/>	
<i>Danny Hibbs</i>		Date	Signature		Date	
FOREMAN:		Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	PLANT MANAGER:		Approved <input type="checkbox"/>
Signature		Date	Signature		Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.						

MOUNTAIRE
Time Off Request Form

Name Herman L-Jernigan S.S.# 231-30-3589

Date of Hire 7-25-94 Department L-H

UNION

NON-UNION HOURLY

SALARIED

5620

(CHECK ONE):

Vacation

Personal/Floating
Holiday - Calendar

✓

Personal/Floating
Holiday - Anniversary

Day/Date(s) Requested 2-9-2001

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Herman L-Jernigan
Employee's Signature

2-6-2001
Date

J. FEB 6

APPROVED DISAPPROVED

SUPERVISOR'S SIGNATURE

DATE

Larry Hiff
FOREMAN'S SIGNATURE

DATE

2/6/01 APPROVED DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

APPROVED DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

PAYROLL
APPROVED DISAPPROVED

FEB 10 2001
WEEK ENDING

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

MOUNTAIRE
Time Off Request Form

Name Herman L. Terrell S.S.# 221-30-3547
 Date of Hire 7-25-94 Department Livehaul (Catcher)
 UNION NON-UNION HOURLY SALARIED 5628

(CHECK ONE):
 Vacation ✓

Personal/Floating
 Holiday - Calendar

Personal/Floating
 Holiday - Anniversary

Day/Date(s) Requested Money Only (2 wks)

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

J. L. Terrell
 Employee's Signature

7-28-2001
 Date

APPROVED DISAPPROVED

DATE

SUPERVISOR'S SIGNATURE

Larry H. Hobbs

FOREMAN'S SIGNATURE

APPROVED DISAPPROVED

DATE

SUPERINTENDENT'S SIGNATURE

APPROVED DISAPPROVED

DATE

PLANT MANAGER'S SIGNATURE

APPROVED DISAPPROVED

DATE

PAYROLL
JUL 07 2001
WEEK ENDING

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1		<i>To Be Completed by Employee</i>	Date of Hire	7-25-1994	Dept. L-14
Employee Name:		Herman L Jernigan 221-30-3547			
		<input checked="" type="checkbox"/> Union <i>3620</i> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried			
VACATION:					
<input type="checkbox"/> <i>1/2 Day</i> <input checked="" type="checkbox"/> Full Day(s)		Date Requested	2-20-02		
		Date(s) Requested	2-21-2002		
FLOATING HOLIDAY:					
Date Requested		<input checked="" type="radio"/> Calendar <input type="radio"/> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>					
Herman L Jernigan Employee Signature		2-20-2002 Date			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.					
SECTION 2		<i>To Be Completed by Human Resources</i>			
Vacation 1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3)			Floating Holidays Total Days Due: _____ Days Requested: _____ Days Remaining: <i>PAYED</i> FEB 23 2002 WELKIN HUMAN RESOURCES Date		
Human Resources Representative's Signature					
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
Signature		Date	Signature		Date
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <i>Larry Hiltz</i> Signature			PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1		<i>To Be Completed by Employee</i>	Date of Hire <u>7-25-94</u>	Dept. <u>Hive haul</u>
Employee Name: <u>Herman Terwegen</u>		SS# <u>221-30-3547</u>	<input checked="" type="checkbox"/> Union <u>Sk30</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION:				
<input type="checkbox"/> <u>1/2 Day</u> <input type="checkbox"/> <u>Full Day(s)</u>		Date Requested _____	<u>2 WKS Money Only</u>	
FLOATING HOLIDAY: (circle one)				
Date Requested _____		Calendar	Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>				
<u>Herman Terwegen</u>		Date <u>7-9-02</u>		
Employee Signature _____ Date _____				
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.				
SECTION 2 <i>To Be Completed by Human Resources</i>		JUL 18		
Vacation		Floating Holidays		
1)	Total Days Due: _____	Total Days Due: _____		
2)	Days Requested: _____	Days Requested: _____		
3)	Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)				
Human Resources Representative's Signature _____		Date _____		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>				
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
Signature _____ Date _____		Signature _____ Date _____		
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
<u>Larry Hilt</u> <u>7-9-02</u>		Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.				

MOUNTAIRE
Time Off Request Form

Name HENNIK JERKIGAN S.S.# 221-30-3547

Date of Hire 7-25-1994 Department L-Haul

UNION

NON-UNION HOURLY

SALARIED

5620

210-

(CHECK ONE):

Vacation _____

Personal/Floating

Holiday - Calendar

pd W/E

Personal/Floating

Holiday - Anniversary

00

Day/Date(s) Requested 7-26-2001

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Henrik Jerkigan
Employee's Signature

7-23-2001
Date

01 JUL 01

SUPERVISOR'S SIGNATURE

Larry E. Gibb
FOREMAN'S SIGNATURE

APPROVED DISAPPROVED

DATE

7-23-01

APPROVED DISAPPROVED

DATE

SUPERINTENDENT'S SIGNATURE

APPROVED DISAPPROVED

DATE

PAYROLL

APPROVED DISAPPROVED

JUL 28 2001

WEEK ENDING

PLANT MANAGER'S SIGNATURE

DATE

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1To Be Completed by Employee Date of Hire 7/25/94Dept. 5620Employee Name: Herman Ternigan SS# 221-30-3547

- Union
 Non-Union Hourly
 Salaried

VACATION: $\frac{1}{2}$ Day

Date Requested _____

 Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested Money only

Calendar

Anniversary

Employee Signature X Herman TerniganDate 7-20-02

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

SECTION 2

To Be Completed by Human Resources

Vacation**Floating Holidays**

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

- Total Days Due: _____
 Days Requested: 5
 Days Remaining: JUL 27 2002

Human Resources Representative's Signature

Date

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)SUPERVISOR: Approved Disapproved Signature Harry Hiffs Date 7/26/02SUPERINTENDENT: Approved Disapproved

Signature _____ Date _____

FOREMAN: Approved Disapproved

Signature _____ Date _____

PLANT MANAGER: Approved Disapproved

Signature _____ Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 7-25-94Dept. Live haulEmployee Name: Herman JerniganSS# 221-30-3547
 Union S-20
 Non-Union Hourly
 Salaried
VACATION: 1/2 Day Date Requested _____ Full Day(s) Date(s) Requested _____**FLOATING HOLIDAY:**Date Requested 1-31-03 Calendar Anniversary

(circle one)

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Herman JerniganDate 1-28-03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

02 JAN 29

Vacation**Floating Holidays**

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

1-28-031-28-031-28-031-28-031-28-031-28-03

Human Resources Representative's Signature

Date

SECTION 3 *To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved Disapproved SUPERINTENDENT: Approved Disapproved

Signature _____ Date _____

Signature _____ Date _____

FOREMAN: Approved Disapproved PLANT MANAGER: Approved Disapproved Signature Larry E. Heff Date 1-28-03

Signature _____ Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday					
SECTION 1		<i>To Be Completed by Employee</i>	Date of Hire	<u>7-25-94</u>	Dept. <u>Live haul</u> <u>5620</u>
					<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
Employee Name:		<u>Herman Jernigan</u>		SS# <u>221-38-3547</u>	<i>Hold until 1/6 7-26-03</i>
VACATION:					
<input type="checkbox"/> $\frac{1}{2}$ Day		Date Requested			
<input type="checkbox"/> Full Day(s)		Date(s) Requested		<u>2 Wks. Money Only</u>	
FLOATING HOLIDAY: (circle one)					
Date Requested		Calendar		Anniversary	
<p>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</p> <p><u>Herman Jernigan</u> <u>7-7-03</u> Employee Signature Date</p>					
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>					
SECTION 2		<i>To Be Completed by Human Resources</i>			
Vacation			Floating Holidays		
1)	Total Days Due:	<u> </u>	Total Days Due:	<u>PINK</u>	
2)	Days Requested:	<u> </u>	Days Requested:	<u> </u>	
3)	Days Remaining:	<u> </u>	Days Remaining:	<u>JUL 30 2003</u> <u>WEEK ENDING</u>	
(1 - 2 = 3)					
Human Resources Representative's Signature			Date		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>					
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Signature _____ Date _____		Signature _____ Date _____			
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>			
<u>Larry Giff</u> <u>7-7-03</u> Signature Date		Signature Date			
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>					

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday		
SECTION 1		<i>To Be Completed by Employee</i> Date of Hire <u>7-25-94</u>
Employee Name: <u>Herman Ternigan</u>		SS# <u>221-30-3547</u>
		Dept. <u>Live haul</u>
<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried		
VACATION:		
<input type="checkbox"/> <u>½ Day</u>	Date Requested _____	
<input type="checkbox"/> <u>Full Day(s)</u>	Date(s) Requested _____	
FLOATING HOLIDAY: (circle one) Date Requested <u>8-1-03</u> Calendar Anniversary		
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>		
<u>Karamore 2 years</u> Employee Signature		
<u>7-28-03</u> Date		
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.		
SECTION 2 <i>To Be Completed by Human Resources</i>		
Vacation		
1)	Total Days Due:	_____
2)	Days Requested:	_____
3)	Days Remaining:	_____ (1 - 2 = 3)
Floating Holidays		
Total Days Due: _____ Days Requested: _____ Days Remaining: _____		
<u>AUG 02 2003</u> <u>WEEK END HMD</u>		
Human Resources Representative's Signature _____ Date _____		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>		
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
Signature _____ Date _____		Signature _____ Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
<u>Larry Haff</u> Signature _____ Date <u>7-28-03</u>		Signature _____ Date _____

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.